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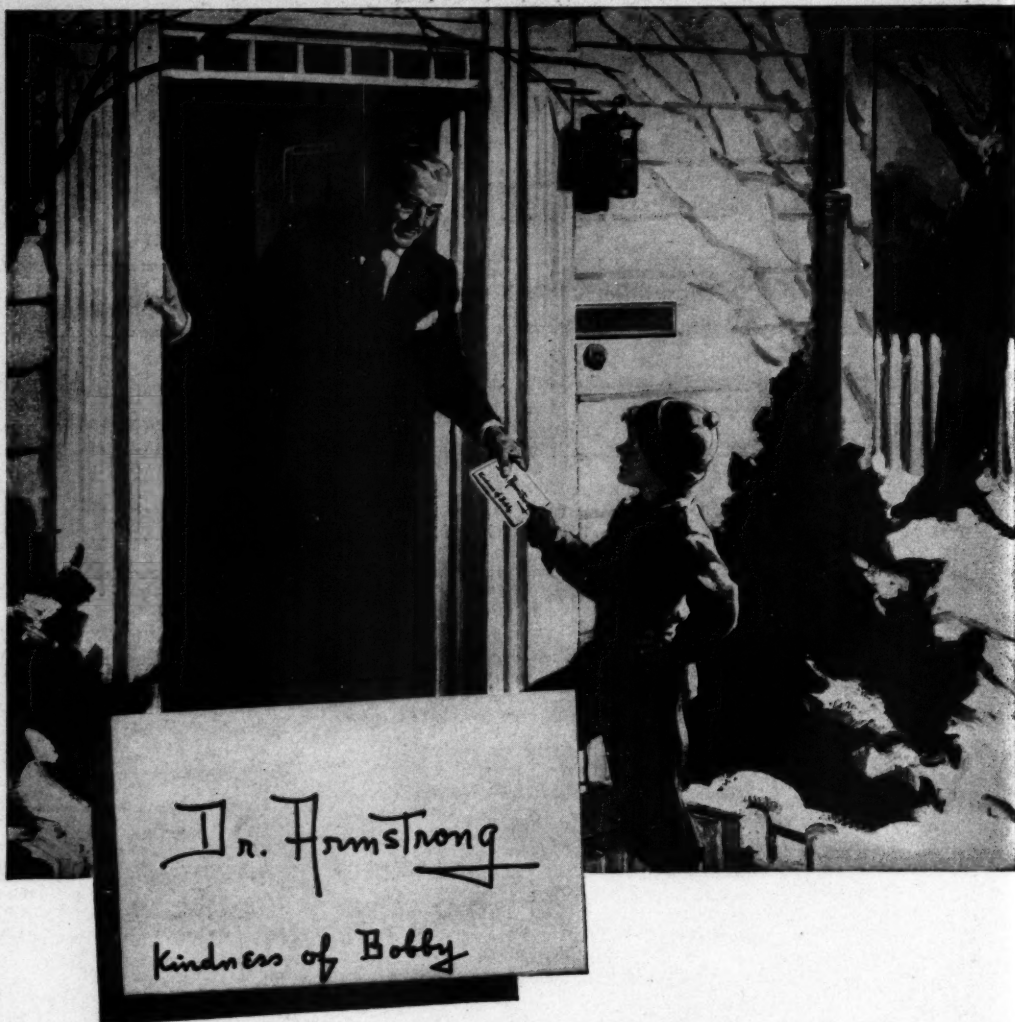
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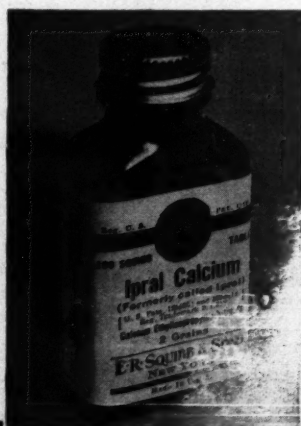
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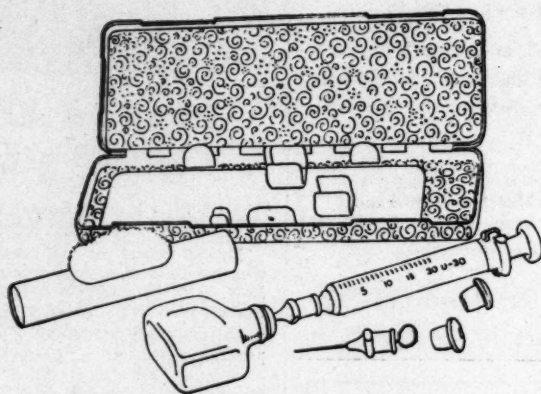
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INSANITY: SOME MEDICO-LEGAL ASPECTS*

HON. DANIEL J. LAYTON, **
Georgetown, Del.

Gentlemen of the Medical Profession:

Some time ago, in a moment of weakness, at the request of Dr. Speer I consented to say something with respect to some of the problems that concern your profession and mine. Upon approaching the subject in order to express thoughts definitely, I began to realize that discretion would have been the better part of valor, and that I should have declined as gracefully as possible.

Necessarily, it is impossible to attempt to consider the great multitude of problems which constantly arise in medical jurisprudence. Even if I were qualified to discuss many of them, the limit of time would forbid. All I can do is to select some subject the problems of which confront from time to time the practicing physician, lawyer and judge, and these frequently concern mental unsoundness in both criminal and civil cases. Often such questions primarily are for the trained alienist, but the attending physician is frequently called upon for assistance, and his opinion, based upon personal observation, is of the greatest practical value.

For many years the conflict between the lawyer and the physician has been going on with respect to the medico-legal aspect of mental soundness. The courts insist that there is some test or formula which can be applied in all cases to determine the question of insanity, in other words, that it is more or less a question of law, while the physicians insist that mental soundness is a question of fact to be determined in each case from the evidence,

and to be studied in the spirit with which a difficult diagnosis should always be approached. Hence, they say there is no uniform rule by which to test these patients.

It will be seen that the great difficulty lies in that frequently the courts do not recognize the medical idea of a disease with all of its attending and far-reaching consequences, and physicians do not subscribe to the legal idea of mental incapacity.

Until the end of the eighteenth century insanity received but little attention from physicians and psychologists. Lunatics were regarded as outcasts. Unless birth or wealth afforded opportunity for their custody at home, they were herded in pens or chained in cells and generally subjected to the most inhuman treatment. In New England, for instance, they were frequently let out to the lowest bidder for their maintenance. Asylums were unknown. Necessarily, there was a tendency to narrow the definition of insanity so as to reduce as far as possible the numbers of this unfortunate class. But when the English people found that their King, George III, was insane, but with lucid intervals and with periods of apparently complete recovery, a serious attempt at the study of the cure of the disease was commenced, and thereafter the definition of insanity, in the scientific and philanthropic mind at least, was enlarged to include those who while not clearly lunatics were yet subject to mental or moral anomalies which a wise medical treatment could alleviate or entirely remove.

The law was slow to recognize the march of progress toward a logical and humane view of insanity as a disease, and as late as 1862 a Lord Chancellor of England said:

"The introduction of medical opinions and medical theories into this subject has proceeded upon the vicious principle as considering insanity as a disease."

* Read before the Medical Society of Delaware, Dover, October 9, 1934.

** Chief Justice of the State of Delaware.

It may be agreed readily that the experience of medical men in England in matter involving mental unsoundness must have been exceedingly unpleasant.

As has been said, courts have always considered that there must be some measuring rod by the application of which to the facts of a particular case a jury might determine the question of insanity. One early test was that of Lord Hale, a most enlightened judge for his time, but who nevertheless firmly believed in witchcraft and sentenced at least two persons to death for the supposed crime. His test became known as the fourteen years old test. He said that if a person, although suffering under melancholy distempers had as great an understanding as ordinarily a child of fourteen years has, such person could be guilty of a felony. He selected the age because the law fixed the age of fourteen years as the age at which capacity for crime was presumed conclusively to exist. Just how a jury would be able to apply such test with any intelligence or satisfactory result is not made clear. Later, in 1724, Justice Tracy laid down the truly barbarous test which became known as the wild beast test. He ruled, in all seriousness, that a person accused of crime, defending on the ground of insanity, was not excused, unless he was totally deprived of his reasoning, and did not know what he was doing any more than a wild beast. Later, there was evolved the test known as the knowledge test, that is the knowledge of right and wrong. In 1760, the Earl Ferrers was tried for murder. The defendant was a peer of England and, of course, was tried before the House of Lords. The criminal practice of that day did not permit an accused person to be represented by counsel and the extraordinary spectacle resulted, reflecting no credit upon the law or upon those whose duty it was to administer it, of a man in jeopardy of his life trying to prove himself insane by the acuteness of his examination and cross examination of witnesses. The prisoner, in order to prove himself insane, was compelled to reveal the fact that he had sufficient reason to conduct his own defense, and, of course, this very fact was seized upon by the prosecution to prove his knowledge of right and wrong

and that perforce he was sane. He was convicted and hanged in spite of the fact that insanity prevailed in his family and that he was suffering from chronic alcoholism at the time he committed the act.

In 1843, the famous M'Naghten case was tried in England. M'Naghten killed the private secretary of Sir Robert Peel, probably mistaking the secretary for the statesman. There was no doubt that he suffered from morbid delusions, and he was acquitted on the ground of insanity. Such was the public outcry and criticism of the verdict that the House of Lords, without any authority, addressed a request to the judges of an authoritative statement of the law on the subject of insanity as a defense in a criminal case. What the House of Lords wanted to know was what the law was, generally speaking, with respect to insanity as a defense and particularly as to delusional lunatics who committed crimes. The effect of the judges' answer, although they did not in all respects agree, was that a jury should be instructed in every case that every man is presumed to be sane, and, to establish insanity as a defense, it must be clearly proven that the accused was laboring under such a defect of reasoning from disease of the mind as not to know the nature and quality of the act he was doing, or if he did know it, that he did not know he was doing what was wrong. And further, they said that a delusional lunatic, "must be considered in the same situation as to responsibility as if the facts with respect to which the delusion exists were real." That is, if a lunatic kills another in supposed self defense, acting, of course, under a delusion, the defense is good, for self defense is recognized as a good defense in law; but, if the delusion that the deceased had merely injured him in his reputation, property or otherwise, he would be liable to punishment, for such injuries are not allowed in law as an excuse for killing. This brought forth the caustic comment that a lunatic is not to be held liable for his acts so long as he acts with reason and propriety.

The M'Naghten case has been followed, it is said, quite rigidly in England, and to a great extent in this country. It affirmed in obscure language the test of knowledge of

right from wrong, to which test the alienist will not subscribe.

In this country many judges refuse to follow this ruling because it demands too much proof. Other courts qualify the rule in various ways, and the prevailing rule seems to be that capacity to distinguish right from wrong with respect to the act charged as a crime at the time of its commission is the test of responsibility, and not the capacity or ability to distinguish right from wrong in the abstract; that is to say, a person may be sane upon every subject but one, and yet, if that one subject is the occasion for the very act with which he is charged, and if, with respect to that act, he is unable to distinguish right from wrong, his defense is complete.

Some courts say that it is capacity to distinguish the moral character and quality of the act that determines criminal responsibility. Other courts say that if a person has knowledge and consciousness that the act he is doing is wrong and will deserve punishment, no matter what may be his mental weakness, he is sane in law and is subject to punishment.

A review of judicial opinion in this country proves very strikingly that there is no unanimity among judges, although most of them are still striving after some formula or test which may be applied in every case, and by which the jury is to be governed. Mr. Bishop, the celebrated writer on criminal law, says that no test has been found for the reason that no test exists.

Delaware physicians and alienists properly may inquire to what rule or test do the Delaware courts subscribe?

This question is somewhat difficult to answer. Some of the text writers refer to Delaware as in that class of jurisdictions which hold to the knowledge of right and wrong with respect to the act charged as the test of capacity where insanity is relied upon as a defense; and, in fact, they would seem to be justified in their statements by the judicial opinions announced in some of the cases tried before our courts. However, an examination of a series of charges to juries leads to the conclusion that there has been a great confusion of thought, and that the judicial

mind has ranged between the strict rule of the M'Naghten case to the conception of irresistible impulse as a form of insanity which affords a defense. The first rule is the lawyers' rule, the second the alienist's view.

Of course, this confusion or uncertainty is of more interest to the lawyer than to the physician, but it is important that the physician who may be offered as a witness should know what rule or test is recognized by the court before which he will testify, if there be any rule; and again, it is important in that it tends to confirm the physician's argument that there is no test by which a jury can measure the soundness of a man's mind, but that insanity is a disease, just as any other disease, and a question of fact, and not a legal formula; from which, it is maintained that as the judicial mind is confused on the subject, there is no good reason why the opinions of the trained alienist ought not to be more readily accepted.

Proceeding to a short review of the cases in Delaware, we find: in 1851, eight years after the M'Naghten case, John Windsor was tried in Sussex County for the murder of his wife. Windsor was an aged man of position and property. He was shrewd and successful in business, of general good character and peaceful conduct. He was of melancholy habit, firmly believing in witchcraft, and was a subject of superstitious fears. Generally, he was affectionate and kind to his wife except when under the influence of a delusion which induced a belief of her infidelity. During these paroxysms of jealousy, suspicion and fear, he showed great violence of temper, and in one of them he deliberately shot his wife.

His defense was insanity. It was clearly proved both by lay and professional witnesses that Windsor, in fact, was subject to the delusion that his wife carried on a criminal correspondence with one Osborne. It was further clearly proved that there was no basis of fact for this belief. The state proved his general business acuteness, his ability to manage his affairs, that he could compute interest well, his knowledge of history and Scripture, from which it was argued that the prisoner was sane. One of the medical witnesses was an English physician who had had an exten-

sive experience of insane patients. This physician had frequent opportunities to converse with the prisoner and testified that he was suffering under a monomaniac delusion. The court discusses a number of cases, both English and American, including the M'Naghten case, and said that the aim of the cases seems to be

"to define a state of mind in which the prisoner is capable of the perception or consciousness of right and wrong, as applied to the act he is about to commit, and has the ability, through that consciousness to choose by an effort of the will, whether he will do the deed which he knows to be wrong."

It will be noticed that this is the test of a responsible mind. So that, we have two constituents of responsibility, capacity of intellectual discrimination and freedom of the will, from which it would seem to follow that irresponsibility is established if either constituent is lacking. This clearly is not the rule of the M'Naghten case, although there is some room for confusion occasioned by the employment of the conjunctive "and" instead of the disjunctive "or."

It will be noticed also that although the Windsor case embraced the question of partial insanity, or delusion, the court definitely omitted all reference to the test of delusional insanity as laid down in the M'Naghten case, that is, that a delusional lunatic must be considered in the same situation as to responsibility as if the facts with respect to which the delusion exists were real. If our court had followed the English case in this regard, it would have, in effect, amounted to an instruction to the jury to find a verdict of guilty, for if the facts in the Windsor case were real, that is, if his wife had been guilty of adultery, Windsor did not kill her in the act of adultery. Now the law is and has been that if a man kill his wife in the very act of adultery his offense is not entirely excused, but is reduced in grade from murder to manslaughter, the effect of the sight being held so to excite the passions as to remove the element of malice, but if the killing be done afterward, through anger or jealousy, it is murder. The court omitted all reference to this phase of the English ruling, and the inference is that it definitely refused to follow such an unjust rule.

The Windsor case is interesting to the medical men too, in that the court evidenced, by its charge, the centuries old antagonism of the courts to medical theories in insanity cases. The court quotes with approval the language of an English Chief Justice, as follows:

"It may be that medical men may be more in the habit of observing cases of this kind than other persons; and there may be cases in which medical testimony may be essential, but I cannot agree with the notion that moral insanity can be better judged of by medical men than by others."

Windsor was convicted, and sentence of death was pronounced, but the report goes on to say, such was the great doubt of his sanity existing in the public mind and especially with the medical profession, he was respited from time to time by the Governor, and as a matter of fact, the sentence never was carried into execution.

Now, the inability to choose by an effort of the will whether or not to do an act points directly to irresistible impulse; but a doubt arises whether in fact the court intended to state the rule of responsibility so as to require that the accused, to be relieved from the consequences of his act, has been deprived both of the ability to distinguish between the right and wrong of his act and the power to choose whether or not to do it, or whether it was intended to make the existence of either one of these states of mind sufficient to excuse the act (27 L. R. A. N. S. 462).

But whatever the court did mean, the test of insanity as there established was not followed consistently.

In two cases, one in 1864, the other in 1867, Chief Justice Gilpin charged flatly that the test of insanity depended upon the capacity of the accused to distinguish between the right and wrong of his act, and that if he knew that the act was wrong, he was responsible. In these cases there is nothing to suggest that the Windsor case was overruled. However, upon the authority of these cases, Delaware is classed by some text writers as a follower of the M'Naghten rule.

In 1873 was tried the notorious case of Dr. West for the murder of Henry Turner, a negro. The theory of the state was that West, having insured his life for a large sum of money, planned to defraud the insurance

company by causing it to be believed that he was dead. Accordingly, he killed the negro, who was about his own size and weight, in his office in Dover. He cut off the feet, hands and head and skinned the body, and then set fire to the building hoping that the charred remains would be accepted as his. Then it was his purpose to have his wife collect the insurance. After killing Turner he cut off strips of skin, poured alcohol on them and set them afire to determine whether the color of the skin would be changed. Not satisfying himself, he then skinned the body, cut off the head, and buried them and then set fire to the building. But the fire was discovered and extinguished. Dogs dug up the portions of the body that were buried, and the body itself was not consumed. In his confession he asserted self defense, but at the trial the defense of insanity was interposed, and Chief Justice Gilpin then reverted to the test of insanity as established in the Windsor case, that is, the knowledge of right and wrong, and the ability by an effort of the will to choose whether or not to do the act.

Here again, the Chief Justice said nothing to indicate that he was pronouncing a rule different from that previously established by him, although it is difficult, not to say impossible, to regard the language used as identical in meaning.

In 1888, occurred the Reidell case. There, Chief Justice Comegys referred to the Windsor case, and said:

"The question is not, simply, whether one who kills another, was capable, at the time of distinguishing or knowing the differences between right and wrong with reference to his fatal act, but also, whether he was then capable of controlling himself from the commission of it."

And further, to make his meaning more clear, he went on to say:

"It is a well-known truth that such capacity or knowledge may be perfect enough in an individual and yet, he may be unable from destruction, or impairment by disease, of that function of the brain which is concerned with the will, to avoid doing what he knows to be wrong."

and then gave instances, such as cases of dypsomania and kleptomania.

This elucidation of the test of insanity as laid down in the Windsor case points directly to the conception of irresistible impulse arising from a diseased mind as an excuse for crime, and, I suppose more in conformity

with the alienist's conception of insanity.

State vs. Cole was tried in 1899. Chief Justice Lore used this language:

"The proof must establish the fact that the prisoner was incapable of distinguishing between right and wrong in respect to the fatal act and was without the power to choose whether or not he would do the act."

This statement creates the doubt which I have already referred to, and is not in conformity with the Windsor rule as explained by Chief Justice Comegys. But in 1903, in the case of the State v. Jack, Chief Justice Lore said:

"To exempt a person from responsibility for crime, the insanity must be of such a character as either to deprive him of the capacity to distinguish between right and wrong in respect to the particular act, or, to deprive him of sufficient will power to choose whether he would do the act or refrain from it."

This statement is in exact conformity with that of Chief Justice Comegys in the Reidell case, and is, perhaps, the latest judicial word on the subject in this state. Accordingly, a recognized authority placed Delaware among those jurisdictions which admit irresistible impulse as a defense. (16 C. J. 102).

So far as I know, the Supreme Court has never had occasion to pass upon this question. All of our judicial pronouncements are those of trial courts, and therefore, with respect to the question arising hereafter, the court may follow any of the judicial ideas expressed in the above cases, ranging from the rigid right and wrong rule condemned by the expert to the liberal power of will rule which is more to his liking.

All of this serves to point out the confusion either of thought or expression of idea, and the impossibility of establishing a judicial yard-stick for insanity to be applied by a jury in a given case, and would lead us rather to the expert's view that there is, and can be, no legal test, but always it is a question of fact to be determined by the jury from all the evidence, and not in conformity with a legalistic formula.

The judges of the New Hampshire courts took the initiative in presenting a rational and scientific discussion of criminal lunacy. The underlying principle of these jurists is that the question of insanity is a question of fact to be decided by the jury, not a question of law to be defined by the court: that insan-

ity is a disease, a pathological process, and as such it is a fact for the jury, and all signs, symptoms and tests of it are matters of evidence, and are not to be laid down as definitions of law.

Judge Doe, of New Hampshire, pointed out very clearly that the medical errors of former days gained the sanction of the law merely by being used in the law books of high authority, and he implies that the ancient English judges, among them Coke and Hale, simply repeated the crude medical opinions of their times, opinions which have long been abandoned or modified by the medical profession. Judge Doe says that tests and symptoms of insanity are no more matters of law than are the tests and symptoms of consumption, cholera, or of poisoning, and that no more than he could have tolerated the tests for arsenic, if they had been laid down centuries ago by Coke or Hale, could he take from those writers the tests for insanity.

He says that the legal profession, in profound ignorance of mental disease, have assailed the experts, who know all that is known on the subject of insanity, as theorists and sentimentalists who are attempting to override the settled principles of the law; whereas, in fact, the legal profession is invading the province of medicine and attempting to install old, exploded medical theories in place of facts established in the progress of scientific knowledge, and he said very plainly that the courts would escape from a false position when they withdrew into their own territory, in other words, that it was not the business of courts to decide scientific questions: such evidence they must take from experts in science. He exposed case after case in which courts ignored the scientific evidence, and charged the jury that the legal test was the knowledge of right and wrong. He said that it was the common practice for experts, under oath, to inform the jury that such knowledge is not a true test of insanity, and then for the judge, not under oath, to tell them that it is. He said:

"When disease is the propelling uncontrollable power, the man is as innocent as the weapon.... if his mental, moral and bodily strength is subjugated and pressed to an involuntary service, it is immaterial whether it is done by his disease, or by another man, or a brute or any physical force

of art or nature set in operation without any fault on his part. If a man knowing the difference between right and wrong but deprived, by either of those agencies of the power to choose between them, is punished, he is punished for his inability to make the choice—for his incapacity, that is the very thing for which the law says he shall not be punished."

And he concludes:

"Whether it is a possible condition in nature for a man knowing the wrongfulness of an act to be rendered, by mental disease, incapable of choosing not to do it and of not doing it, and whether a defendant in a particular instance, has been thus incapacitated, are obviously questions of fact. But, whether they are questions of fact or of law, when an expert testifies that there may be such a condition, and that, upon personal examination, he thinks the defendant is or was in such condition; that his disease has overcome or suspended, or temporarily or permanently obliterated his capacity of choosing between a known wrong and a known right, and the judge says that knowledge is the test of capacity, the judge flatly contradicts the expert. Either the expert testifies to the law, or the judge testifies to fact. From this dilemma the authorities afford no escape."

And in another New Hampshire case, Justice Ladd said:

"It need not be said that this is not the business of a court of law. It is a work that can only be reasonably well done by men who devote their lives exclusively to its accomplishment."

And further, he said:

"I may add, that it confirms me in the belief that we are right, or at least have taken a step in the right direction, to know that the view embodied in this charge meets the approval of men who, from great experience in the treatment of the insane, as well as careful and long study of the phenomena of mental disease, are infinitely better qualified to judge in the matter than any court or lawyer can be."

An Illinois judge held the following to be a safe and reasonable test: that at the time of doing the act charged the prisoner was not of sound mind, but affected with insanity; and such affection was the efficient cause of the act, and that he would not have done the act but for that affection. This, I believe, would be accepted by the expert as being correct from a scientific viewpoint.

Again, the physician is called upon frequently to testify in civil cases involving mental unsoundness, and perhaps, most often in the contest of wills.

This sort of inquiry is more difficult in will contests than in criminal cases because the person about whom the inquiry is to be made is dead. Everything, oftentimes, depends upon the testimony of persons who may not have been good observers, may have little oppor-

tunity to observe, may be interested, prejudiced, or grossly ignorant.

The medical man, in these cases, again is met with tests, formulas and presumptions, all of which he must bear in mind and more or less conform to, if his evidence is to be regarded of value by the courts and by lawyers.

First, he meets the presumption of law that every man is sane, until proved to be otherwise, with the exception, that if insanity has been established, then that condition is presumed to continue until sanity is proved, and the burden is placed on him who seeks to establish the will to prove that it was executed during a lucid interval. Again, if the will is regarded as a reasonable one, this fact goes far to establish testamentary capacity.

The medical man also should know something of the classes of witnesses in will contests. First are the subscribing witnesses. The theory of the law is that they are to be something more than mere observers of the physical act of signing. They are to be the judges also of the testator's mental capacity, and are placed around him for that special purpose. They should be, but often are not, persons of intelligence. In practice, the law does not demand observation or even intelligence. Almost any person of full age will answer, and, although ignorant, non-observant, or interested, they are permitted to express their opinions as to mental soundness without being obliged to furnish the grounds for their opinions. Second, are non-expert witnesses, often friends or relatives, prejudiced or interested, ignorant oftentimes. These witnesses are permitted to give their opinions but must testify with respect to the facts upon which their opinions are based. Third, expert witnesses, who may testify not only upon facts ascertained by personal view and observation, but upon the evidential facts detailed in court and heard by them, or upon the assumed facts contained in a hypothetical question.

First, what is testamentary capacity? The law says it is a sound and disposing mind. This is, of course, no definition for it says what we know, that a sane person has testamentary capacity. It is defining in a circle, and the whole question is left just where it is found. But, going from the general to the

particular, the courts say that a mind is sound in law sufficient to be regarded as having testamentary capacity if the possessor of that mind, the testator, has mind and memory enough (1) to know what he is about to do, that is, the making of a will; (2) to recollect the kind and character of his property; and (3) the persons to whom he is about to give it, or as the law phrases it, the objects of his bounty. If these demands are met, the law says his mind is sound, or sound enough to make a will.

Manifestly, generally speaking, a definition of testamentary capacity is impossible for the reason that the thing itself is not universally conceived of in the legal mind. It means one thing with one court, another thing with another court. With some it is destroyed by loss of memory, with others not. With some it is the ability to transact a little business, with others not even this. With some it is compatible with the loss of practically the greater part of the mental faculties, with others it is abolished by a simple delusion.

The medical man testifying before the Delaware courts in will contests, in addition to keeping in mind the presumptions above stated and the classes of witnesses in such causes, must also know that our courts, in common with others, do not demand much of a testator so far as intellectual power goes. Intellectual feebleness alone, or mere weakness or understanding, whether this condition of the mind be natural or the result of an injury or disease, does not disqualify a person from making a valid will. A partial failure of mind or memory even to a considerable extent, is not, in itself, sufficient ground for setting aside a will, if there still remains just enough to satisfy the requirement of the law, that is, sufficient mind and memory to understand what the business is, the property to be disposed of, and the persons who are to receive it.

He must bear in mind that partial insanity, or delusion, does not abolish testamentary capacity and the will will be upheld, in so far as the law can do it, unless the delusion has directly influenced the will or some provision of it, and he should know that our courts have undertaken not only to define delusion, but

also lucid intervals. A delusion has been defined as being a fixed belief in the existence of certain things, purely imaginary, as real facts, when in truth they have no real existence whatever. And, a lucid interval has been defined thus:

"If the mind is apparently rational on all subjects and no symptom of delusion can be called forth on any subject, disorder is for that time absent. There is then a lucid interval in the course for which a lunatic may make a valid will."

It may seem strange to the medical man that courts should have undertaken to lay down rules with respect to which the scientific mind would hesitate or decline, but such has been and is the desire of lawyers to reduce all matters to rule or formula that the situation, for the present at least, must be accepted by the expert, and kept in mind always if he is to be of service.

It would seem fairly clear that the rigid rule of law with respect to partial insanity or delusion in both civil and criminal cases—that the delusion must be the causation of the act—has no true basis. It proceeds upon the supposition that a person's mind may be ninety-nine parts sound, and one part diseased, and that the insane, or delusional act, must be shown to issue from this little section of infection. The idea is that a man may be insane in a limited territory of his mind but responsible for what happens in the open territory, as Hamlet said of himself:

"I am but mad North—Northwest; when the wind is southerly I know a hawk from a hand-saw."

The rule ignores the wide range of mental symptoms, and insanity is limited to one specific act; and the fact is also ignored that it is often impossible to trace the whole influence of delusion on conduct. It is quite easy to say, as many courts including our own have said, the question is not whether he was insane on any subject, but whether he was insane with respect to the particular act done by him, but if the mind is diseased it would seem that no rigid rule can be laid down creating responsibility or want of responsibility; but, until the lawyer is more ready to accept, without reservation, the view of insanity as a disease, and therefore, a subject for trained opinion, the status of the law will remain as it is, and the medical man will be

of little service if he ignores the legal aspect of the question.

The difficulty which confronts the man of medicine when testifying in cases of mental unsoundness lies in two particulars: the effort of the law to reduce to a rule or formula that which is not capable of being so reduced; and the indisposition of the dispensers of the law to accord to the physician the same consideration which is accorded to him when the case of a bodily disease arises. This is exemplified by a former Chief Justice of this state who, at the time, undoubtedly expressed accurately the opinion of the bench and bar. He said:

"Medical witnesses, however well educated and however well acquainted with the anatomy of the body and with most physical conditions, are nevertheless, unable to throw much light on the nature of the mind or the mode of its operations."

I hope that we have made some little progress since that time, and are somewhat more tolerant of medical opinion.

If an alienist were asked in his ordinary practice to diagnose a case to which he could give no personal examination, upon the statements of more or less ignorant or interested persons, he would, perhaps, decline to commit himself; yet, this is often the test set for a court of law, a task to be undertaken by a judge and jury who have little or no scientific knowledge.

If a physician or other expert, is called upon to testify with respect to a disease of the body, the effect of poison on the human system, the presence of human blood upon an object, or whether a person has drowned or not, his opinions and conclusions are accepted by the courts with respectful consideration. The advance of scientific knowledge in these respects is cheerfully acknowledged. There is no rule or maxim of law to fetter the mind of the judge and lawyer. An attentive ear is given to training and experience. But, when a question arises which has to do with a disease of the mind, the whole judicial attitude toward the expert changes. His opinion is not freely accepted. The judicial atmosphere is clouded with skepticism. The attitude is, somewhat disguised; we know as much about the mind as you do. We can draw inferences from conversation and conduct as well as you

can. Judge-made rules and tests are preferred to scientific knowledge and trained experience, not, as formerly, because the courts do not regard unsoundness as a disease, but because, bound by legal precedent, there is a lack of belief in accuracy of medical opinion in mental cases.

However, we have advanced a long way from the time when courts held that only those were insane who had no more mind than a wild beast, a long way from that time when an English Chancellor characterized the principle to be a vicious one that regarded insanity as a disease, and we have, I hope, advanced some little distance from the time when our own court said that even a well educated and trained medical man was unable to throw much light on the nature of the mind or the mode of its operations.

It is quite apparent that judges, although seemingly they may adhere, through force of precedent, to legalistic rules and formulas, have a habit of stretching those formulas, or in some manner to make them fit the facts of a particular case, recognizing that insanity is a question of fact, and that the best way to attempt to solve problems of mental unsoundness is to call upon those who are most likely to understand and expound them.

We have not yet reached the point where the opinion of the physician upon a question of insanity is accepted as a fact, just as his opinion is accepted in a case of bodily disease. The millenium has not come, but, at the long last, the lion and the lamb will lie down together.

THE "SCIENCE" OF MEDICAL SUPERSTITION

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It is no wonder that out of a world brimming over with mysticism in every aspect of its life a host of superstitions has evolved. The phenomena of life are mystifying. Many discoveries are all but inconceivable. Man himself is a mystery. His very evolution is perplexing. His very destiny and post-existence is incomprehensible. He is a lone cloud blown about by uncontrolled and uncertain winds. It is not strange, therefore, that this circum-

fusion of ideas tends to create from his mysticism a mystic mind.

Hence it is not even noteworthy or surprising that especially in the medical field (a field deluged and flooded with seemingly diverse theories, apparently divaricate and contrasting principles, misleading and misapprehensible facts, challengeable notions, treatments whose numerosity and multiplicity naturally occasion profusion) there would be a fertile place to cultivate the mystic minds. Naturally enough, out of this medical whirlwind countless numbers of superstitions have emanated. Cults as well have taken advantage of this fertile field. Some have had a rapid climax and rapid fall, others have persisted longer. Proof enough of the latter is found in the apparent success of osteopathy, chiropractic, naturopathy, Christian science, new thought healers, occultism in general, and scores of others. Added to man's mystic mind, other factors have contributed toward the success of these cults. Among these are the "vis medicatrix naturae," and the apparent failure of the regular practitioners. As one writer put it, "when the doctor fails, the quack hails!"

Out of this chaos of misconstruing principles, the outstanding method of dealing with the unexplainable arose—the substitution of superstition. Superstition is the greatest manifestation of doubt, and but an outlet of expression of mysticism.

The primitiveness of the effects of mysticism is clearly reflected by Dr. Robinson in his "Story of Medicine." "Abnormal man could not grasp the conception of natural death. Disturbance or stoppage of physical life was due to supernatural causes—to the wrath of the dead, the uncanny powers of human enemies, the revenge of offended spirits. Terrifying as were the crocodile and hyena, he could see them and understand them and cope with them, but against witchcraft he had no weapon. Disease demons were more numerous than the forest, and they pursued him every minute of the day and night. He could escape the long serpent that awaited him, but not the ghosts and their magic.... It was too much for him, he could not fight the ghosts alone, he must have protection.... Out of primitive man's need thus

arose the first professional class—antedating even prostitution and religion—the profession of the magician or mystery man, the medicine-man." Man had to have a supposedly superior power, a supernatural being, to explain phenomena incomprehensible to his mind. That man never has totally evolved beyond the influence of the medicine-man, and that his mind is still somewhat stagnant in that respect, is manifested in the success of quacks in our modern day, and the "miracles" attributed to their power.

Along with the primitive medicine-man in dealing with supposedly supernatural beings, there arose in contradistinction the primitive priest. The savages ascribed to certain spirits the cause of disease and evils. It was the medicine-man who dealt with these malevolent and malnurtured spirits. The function of the primitive priest was different. Diseases which were not caused by the angry gods were believed to be caused by demons dwelling internally. Two popular methods were used to drive out these demons. The first method was to make the body an obnoxious, dolorific, and intolerable residence. Secondly, to eliminate the indwelling spirits by unrivalled and superior spirits. In so far as he used remedies which had a physical or chemical reaction upon the body the primitive medicine-man foreshadowed the modern physician. The primitive medicine-man remained distinctive of undeveloped societies, whereas it was the fate of the priest proper to gain in his position and ascend along with social aggregation.

Concomitant and synchronous with the birth of superstition was the birth of magic. Various countries became differently influenced in the growth and extension of this magic. Greece seemed to have the highest degree of immunity. Dr. Wright expresses the belief, "As to medicine, the remark has been made by others doubtless, but it impressed me much at first, that in the words of Hippocrates we find about as little of primitive magic as we do in the most recent profession of modern medicine." The early culture of medicine had its gushing and emanation through Thales and Anaximander, and by Heraclitus and Democritus. It was from this very culture that Hippocrates secured his inspiration. The

medicine of Hippocrates is strikingly sparse of the influence of magic.

However, the smites of superstition have hit every country. No country is totally immune. In his "Diary" Pepys speaks about carrying a hare's foot about oneself. For some superstitious reason it used to be thought in England that man had one rib less than a woman. By the study of the human skeleton, of course, this was disproven early. If a blister did not rise, the early Englishman would take it as an indication of approaching death. It was held that disease changed at intervals, and that by certain medicines the exact location of the disease could be discovered. In his book entitled "Fascination," written in the year 1653, Guttierrez, a Spanish physician, stated that children of that country wore amulets as a protection against the "evil eye." This same superstition predominates even to the present day among Italians. The different forms of the same superstition in Latin countries are striking. Especially among Italians from Sicily and Naples the belief in "the witch with the evil eye" is very much alive. If "jettatore" (witch with the evil eye) is yelled amongst such believers, they will promptly disperse, and one may watch them performing various motions in an attempt to ward off the evil witch. The Italian mothers dread the "jettatore di bambini," which is another form of the above mentioned superstition. This particular superstition is more commonly known as "malocchio," (evil eye).

The French have great faith in the ability of all sorts of flower water to cure or relieve asthma. The Chinese have great faith in the use of iron nails to seal a coffin, and thus keep out the evil spirits and evil influences. It is also common for the Chinese to make their children wear paper masks on the last night of the year to prevent the god of small-pox from "pouring it out" on them, as he is supposed to attack only pretty children; but he will pass them by when they are thus disguised. For the treatment of urinary lithiasis the Arabian physicians recommended urine to be taken internally. Morier mentions a prevalent and general superstition which he found in Persia. To relieve disease a person has only

to deposit a rag on a certain bush, and from the same spot take another which has been left by some previous sufferer. Dr. Miller states that even in his present practice there remains among a particular class of Russians a disgusting belief that with the advent of labor, a speedy and easy delivery may be brought about by intercourse with the husband. The modern Jew adheres to many of the older superstitions. It is not uncommon for a gentile physician upon entering the room of a pregnant Hebrew woman to see placards written in ancient Biblical language on the walls. The purpose of these papers is, by invoking the aid of the great angels, to serve as a protection against the evil spirits which may attack either the mother or new-born infant.

Superstitions and folklore of one part of the country have been transported to another, and there, after taking root, may have become incorporated as original. In our own country scores of superstitions have become incorporated; scores are totally original. If you should care to prevent a child from convulsions take heed of the following remedy! Suspend from the infant's neck a rattle. The superstitious treatments of snake-bites are numerous. Cut a live chicken in two and make external applications with the warm flesh. The internal use of alcohol has been entertained. Even in our own day the selling of amulets remains a flourishing business. Gold beads worn about the neck are supposed to cure sore throat, cure or prevent goitre, and prevent quinsy. For the condition of poisoning, a number of superstitions have been advocated for cure. Thus to cure all poisons the use of unicorns' horns was advised. The quacks were quick to take advantage of this to enrich their own wealth and gull the public. And don't forget to rub your hands with the first snow so that you will not have sore hands all winter. Take the tip from the ancient sailors who used to pierce their ears to strengthen their eyes. Piercing the ears to this day is believed to cure weak eyes.

For the sufferers from rheumatism many cures are suggested. First of all wear a brass ring on the little finger. If that is not remedial, try carrying a horseshoe nail in your

pocket, or carry around a rattle tied to a string.

The nose-bleed sufferers have a choice selection of superstitions. If one should fail, by all means try another. By that time the nose-bleed will probably have stopped naturally, and, of course, all credit goes to the superstition. A few are: wear red beads about the neck; hold up the right arm; put a key down the back; place a wad of paper between the upper lip and the gum; and last, but not least, try the prevalent remedy of chewing brown paper.

By this time one has undoubtedly noticed the prevalent use of red. Amongst the whole story of magic the appeal of color is outstanding. It is even epidemic today that white signifies joy or purity, and black signifies sorrow. One of the most appealing colors of medicine is red. The analogy with blood probably explains this importance. Since red is symbolic of blood it would be expected that red wines are thought to be more efficient than white wines in the treatment of anemia. Red is supposed to chase evil spirits away. Thus red flannels came into use, since the red would chase the evil spirit of cold away. Besides signifying danger, an association of red with pleasure has developed, hence the expression "paint the town red." Now, if all this talk of red has nauseated you, tie a red string about the waist and your "cure" will be forthcoming.

Perhaps the majority of people think that a wart is caused by contact with a toad. A wart is really a superabundance of connective tissue covered by epithelium. A mole is nothing more than a pigmented wart. Medicine has ways and means of removing these, but our superstitious inheritance persuades us to try the simpler methods of removal first. Hence a few of these will be mentioned. You may rub the wart with one of the following juices: celandine, dandelion, "milk-thistles," milkweed, or Osage orange. Fresh cream, or the water from a hollow oaken pump is also recommended. Other well known superstitious treatments for warts are: take a string and tie it full of knots, then bury the string at a crossroads in moonlight; grease the wart with stolen bacon and then hide the bacon; cut an

onion into slices, rub the wart with each slice, and then bury all the slices; rub the wart with beans, then throw the beans in a well; rub the wart with the sole of your shoe, and the wart will depart as the sole wears away.

A sty is merely an inflammation of a hair follicle on the eyelid. Well-known superstitions are supposed to alleviate this condition. Most of these have assumed the form of a rhyme. Who of us has not repeated, or at least has not heard others repeat at a cross-road:

"Sty, sty, leave my eye

And take the next one that passes by?"

Rubbing with a wedding ring is another well known "cure."

The true cause of hiccoughs is a spasm of the diaphragm. This is brought about through impulses coming from the brain by way of the phrenic nerves. There are all sorts of suggestions to relieve "hiccups." These include drinking water slowly; holding the breath; electric shock to the nerves; pressing the upper lip; counting to one hundred; slowly taking nine sips of water; or by trying for a long time to make the edges of the thumb-nails meet at the end. These "cures" all have a similar idea; namely, to divert the attention of the person. Due to this, or by the power of suggestion, the stimulus to the nerve is stopped.

Especially prevalent in our time is the notion that lockjaw is caused by a rusty nail. The tetanus bacillus, the organism responsible for this condition, is a normal inhabitant of the alimentary tract of animals. Naturally it is eliminated with the waste matter and is, therefore, found in fields and around barns especially. The organism must enter through an abrasion to cause lockjaw. Hence when it clings to a rusty nail, the nail by causing the abrasion, offers an inlet to the tetanus bacillus, which produces the condition. The mere fact that the nail is rusty has no connection with the condition. Rust is merely iron in the oxidized state, and the internal uses of oxidized iron are many. If we were to believe the superstitions we would try to allay the condition immediately by sticking the nail into hard wood, or by greasing the nail and then hanging it in the chimney.

Who of us has not heard of the superb treatment of hydrophobia with "mad-stones"? The cause is known, and the treatment of hydrophobia is at the disposal of physicians today. Pasteur in his epoch-making work perfected a vaccine to prevent the condition. The condition is caused by a filter-passing virus. The Boston Journal of Chemistry in 1879 tells us of a druggist in Texas who paid \$250 for a "mad-stone" which was endowed with the power of "curing" the condition. The "mad-stone" is supposed to act by drawing out the causative poisons. The stones so suspected to be endowed with this power are found in the internal organs of man and animals.

The mystery of the moon is fascinating today, as in earlier times. The earlier thinkers pondered heavily over the study of the moon. Modern medicine is really an inheritance of astrology, alchemy, and natural magic. Frascatorius, an early poet and physician, wrote of the maliciousness brought forth by the heavenly bodies when they assumed certain positions. This, he thought, was the occasion for the production of contagious diseases. Burton in his "Anatomy of Melancholy" says "Paracelsus is of opinion 'that a physician without the knowledge of stars can neither understand the cause nor cure of any disease, either of this (melancholy) or gout, not so much as toothache; except he see the peculiar geniture and scheme of the party affected.' He gives instance in lunatic persons, that are deprived of their wits by the moon's motion; and in another case refers all to the ascendent, and will have the true and chief cause of it to be sought from the stars." All sorts of notions, ideas, and suspicions may be expected to be laid upon anything which is mysterious. For centuries the moon has suffered from accusations and enjoyed attributions. The moon is supposed to cast spells on certain individuals, making them mentally delinquent. Consequently the word "lunaey" came into use to describe this condition. The inheritance of the belief of the powers of the moon in revealing knowledge and casting spells has adhered to the minds of people to our day. Thus thrives Jane Adams in her astrological work.

Death omens flood our minds. In Orange County, Virginia, it is supposed to be a sign of death to see a tree blossoming in the fall. In Massachusetts it is commonly believed that a person will die if a doctor is called on Friday. And alas! beware of that ringing in your ears, for it is a sign of death.

When studying some of the practices of the South African Kafir tribes, one begins to wonder how such a tribe really exists. It seems to be the infants here who draw all superstitious attention. Just as a matter of good luck the fingers of an infant are plucked and bled. This is done immediately following childbirth. It next has to be proven that the infant is not bewitched. To prove this a huge fire is built, and the infant is held in the smoke. The occurrence of coughing or sneezing indicates that the child is not bewitched. Obviously a good many lives are sacrificed, because a baby suffocates before it sneezes or coughs. Cow dung is next thoroughly rubbed over the skin. Even after all of this the torture treatment of the infant is not over. At first it is not allowed to suck at its mother's breast, but instead is fed sour cow's milk. The swallowing process is forced by the tribesmen blowing down the throat of the infant.

A certain class of Japanese doctors used to rely chiefly on the pulse for all diagnoses. These doctors worked under the idea that in each wrist three pulses are to be found. Naturally they knew little of anatomy and physiology. The heart, they believed, controlled the right upper pulse; the lungs, the left upper pulse; the stomach, the right middle pulse; the liver, the left middle pulse; the right kidney, the right lower pulse; and the left kidney, the left lower pulse. After thus diagnosing all diseases by examining all the "six pulses" the doctor next proceeded with his own cure.

There exists a condition known as "falling palate" which seems to be especially common in negroes. The condition is really an inflammation of the uvula. As with most other conditions, a certain superstitious treatment has developed here. A silver spoon is employed to press the uvula upward. While this is being done a tuft of hair on the head must be given a strong jerk. Negroes used to take care

to cultivate well certain tufts of hair, grown especially for this one purpose.

An old French priest was recently telling me of one of the most popular superstitions of his boyhood days. It was a treatment for freckles. Thus, to alleviate such a condition one has merely to cut a grape vine and express the juice. This juice is then to be rubbed on the freckled face and the freckles are supposed to disappear. Many people of supposedly religious nature today have the religious elements all confused. Not so very long ago a person was suffering from tuberculosis. It seems as if this bedridden sufferer thought that all his pain came from the evil spirits dwelling under the bed. Therefore, when the priest would come and sprinkle holy water the sufferer manifested great relief as he thought the holy water chased away the evil spirits.

It seems probable, then, that some of the prevalent forms of cults have emanated from old superstitions rather than from the view of divine inspiration as expressed by Andrew Still, father of osteopathy. Especially would this seem to be true of chiropractic. A one time resident of the mountains of Northern Italy told me of a popular practice there which seems to have been handed down through the generations. It seems as though each town had its own domesticated bear, whose function it was to trample down the backs of those afflicted, following the vertebral line, with the person lying face down. This was supposed to be a rather certain system of cure. One may look upon the modern chiropractor, therefore, as replacing the domesticated bear. This seems a rather favorable change, for with a thought one may appreciate how much easier it is to train a man than to train a bear.

Certain superstitions may tend to disappear, yet new superstitions are continually presenting themselves. Man cannot get away from them. They follow as a result of his superstitious heritage. And many older ones are reclothed with new words. In this manner old ideas are portrayed as new concepts. The very element of superstition is the mind, and the mind is easily betrayed. There are many cults which take advantage of the mystic and

unknown to create an old idea into a "new science," and to allure the lay public, too many of whose minds have remained stagnant and anchored to superstition.

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The annual election of the Academy was held January 29, 1935, with the following results:

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If a palatial, clublike Medical Arts Home was erected, convenient to Chicago, with perhaps another adjacent to the National Capital and still another somewhere in California, where for from \$2,000 to \$5,000 you could purchase life membership to retire "After 65"—to go to live, not to die, among your own kind and generation—would you be interested?

Such a plan is under consideration by a group of American philanthropists willing to provide the grounds and buildings as a memorial to medical science, providing a sufficient number of aged men and women in the medical and allied arts would appreciate such operations enough to become members. If "Yes" is the answer, representing the consensus of opinion of a sufficient number of the profession interested, then a dream may become a reality. For further particulars address:

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EDITORIAL

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CANCER CLINICS IN WILMINGTON

The recent opening of the Carpenter Memorial Clinic at the Homeopathic Hospital adds another unit to the facilities in Wilmington for the treatment of cancer, and as such is welcomed. The new clinic is equipped with a 200,000-volt deep therapy machine and plans to use radium seeds (gaseous emanation) which it will get from the Jeannes Hospital at Fox Chase. At present it does not have any radium element. The attending staff is being trained in the use of this new armamentarium.

The publicity attendant upon the opening of the new clinic served to remind the public that such facilities have been available and successfully used here for several years. Since 1929 the Wilmington General Hospital has had 175 milligrams of radium element and a

therapy machine that delivers 130,000 volts. For ten years prior to this, radium seeds were secured in Philadelphia. Since 1931 the Delaware Hospital has had a 200,000-volt machine and the use of the radium element from the Wilmington General Hospital. Likewise, for many years prior to this, the Delaware Hospital has been using the seeds. In both of these hospitals there has been developed a personnel expert in the handling of this equipment. In consonance with the modern teaching that cancer has long since ceased to be a "one-man disease," the cancer patient has been examined and treated by a group—the family physician, the surgeon, the radiologist and the pathologist. This time-tested method is the one that will be used in the new clinic.

Thus, while the Homeopathic clinic brings nothing new to Wilmington's cancer facilities, it does bring more of the equipment which this city needs. The new clinic will doubtless appeal to some patients who were not aware of the previously existing ones, and it should assist materially in reducing the necessity of patients traveling to other cities, with its attendant inconvenience and expense. These are "ends devoutly to be wished."

Even with this additional machinery for cancer, Wilmington is still lacking in beds for cancer. This protean disease is frequently a long and expensive one. What this city needs most, so far as cancer is concerned, is an adequate supply of endowed beds. We need at least twenty such beds, which would cost five dollars a day to maintain, or \$36,000 a year. What charitarian will give the \$600,000 necessary to endow such badly-needed facilities?

The *Literary Digest* of February 9th (Page 17) quotes excerpts from our January editorial on the Epstein Bill for compulsory health insurance. We feel flattered that the *Digest* found this editorial of interest: we would have been better satisfied had the *Digest* made plain to its vast public the fact that we are not inimical to the insurance prin-

ciple, but that we are opposed—unalterably opposed—to the compulsory type of insurance, and that the entire experience of the world in the realm of compulsory health insurance gives us ample reason to be thus opposed.

Our apologies: it was just one of those things that happen sometimes. Our January issue was the first of a new volume, and the text pages should have been numbered 1 to 20, whereas they were numbered 297 to 316. This error "got by" the compositors, the proofreaders, and the editor, which shows that times are not what they used to be. Please correct your individual copies: the annual index will refer to these pages as they should have been numbered.

THE JOURNAL extends to Dr. William H. Kraemer its sincere condolences over the loss of his wife in the appalling Mohawk disaster. Dr. Kraemer had landed in England only the day before, to study certain European cancer clinics. On the advice of his friends here he has continued his journey. He is due in Wilmington about February 23rd—a sad and empty homecoming. We assure Dr. Kraemer he has the deepest sympathy of the profession.

Do you read the ads? If not, you ought to, and for three good reasons: first, you may see something that you need; second, you may learn of something new; third, if you are "not in the market" for anything, you will at least learn who are your friends—your advertisers, who make possible the publication of THE JOURNAL. These advertisers frequently offer booklets, samples, cigarettes, etc.: show them that you have read their advertisements by writing for their booklets and samples. Better still, buy what you need from them: you do business with those who do business with you.

WOMAN'S AUXILIARY, A. M. A.

President, Mrs. Robert W. Tomlinson, Wilmington, Delaware.

President-elect, Mrs. Rogers N. Herbert, Nashville, Tennessee.

It is with a great deal of pleasure that I can tell you this month that I have made one trip to Atlantic City and spent a delightful day with Dr. and Mrs. Carrington. Dr. Carrington is the chairman for the convention and is so full of plans and enthusiasm for the meeting that when you get there you will realize the spirit that has made this one of the best meetings ever held.

The Ambassador Hotel will be the headquarters for the House of Delegates for the American Medical Association, Haddon Hall for the Canadian Medical Association and the Traymore for the Auxiliary. It is on the boardwalk, not far from the huge Convention Hall where all of the men's meetings, the scientific and commercial exhibits will be held.

Within the next few days I expect to go down there again and soon I hope that I will be able to give you the name of our chairman. Dr. Carrington and I went over many things and I am sure you will appreciate that our hope is to make the most of the many attractions that are Atlantic City's alone. The piers, the boardwalk, the sea food, the sun and sea air combined with splendid hotels and a spirit of welcome that is unsurpassed, our Canadian visitors and our own pleasure at renewing old friendships will provide us with an opportunity to accomplish much, to play hard and go home refreshed by our stay in our country's greatest seashore resort.

Since I last sent a message to you through this News Letter, I have spent two delightful weeks in San Antonio, Houston, New Orleans, Mobile, and Nashville. The Southern Medical meeting was one never to be forgotten and the hospitality of our southern members fills me with a great feeling of appreciation. The two days that I spent with your splendid president-elect were full of pleasure. You have chosen well, and Mrs. Herbert's desire to do all within her power to give you a fine administration bespeaks her sincerity of purpose. I can only ask for her the same co-operation and loyalty that you have given me and my predecessors.

I should be highly gratified if I were to receive more answers to my letters that I sent to the National Board in December. Now that

Christmas is over, and we hope the grippe subsided, if you have a few moments to spare please write me your opinions and ideas on plans for next June. It is your convention, and I want everyone to have some portion in it and to follow as far as possible your wishes.

Let us all put our shoulders to the wheel and then we will realize fully our strength. I cannot close without a word of appreciation of your fine work and altruistic motives. I thank you from the bottom of my heart.

MRS. ROBERT W. TOMLINSON.

MISCELLANEOUS Sectional Meeting: A. C. S.

A Sectional meeting of the American College of Surgeons for the states of Delaware, Maryland, Virginia, West Virginia and the District of Columbia will be held in Washington, D. C., on April 11 and 12th, 1935. The program will include Surgical Clinics, at the various hospitals, Hospital Conferences and Medical motion pictures directed by Doctor Malcolm T. MacHachorn, Associate Director of the American College of Surgeons, during the day, and in the evening, a Scientific session on April 11 and a Public Health Community meeting on April 12. A special section will be devoted to eye, ear, nose and throat surgery. The local committee on arrangements consists of R. M. LeComte, chairman; E. W. Titus, secretary, and W. B. Marbury, counselor, with Doctors H. W. Lawson and C. S. White, who handled the last sectional meeting held in Washington, as members, together with the chairmen of the various sub-committees as follows:

Doctor D. B. Moffett, registration and information.

Doctor James A. Cahill, Jr., program.

Doctor D. L. Borden, clinics.

Doctor Huron W. Lawson, community health meeting.

Doctor Wm. P. Herbst, speaking arrangements.

Doctor F. A. Router, publicity and education.

Doctor F. A. Schreiber, finance and audits.

Major Harry A. Bishop, M. C., U. S. A., governmental medical services.

The medical profession in general, as well as the Fellows of the American College of Surgeons in the states noted, are invited to attend, and invitations to the Community Health meeting will be sent to 10,000 of the lay residents of the District of Columbia.

A separate Community Health meeting for Negro residents of the District of Columbia will be held on the evening of April 12th, with Doctor E. C. Wiggins, president of the Medico-Chirurgical Society, presiding.

American Neisserian Medical Society

The American Neisserian Medical Society was founded on June 12th, 1934. It is dedicated to the promotion of knowledge in all that relates to the gonococcus and gonococcal infections, that there may be attained improvement in the management of gonorrhea and a reduction in its prevalence. There are 115 charter members and the officers are:

EXECUTIVE COMMITTEE

Dr. Edward L. Keyes, New York, Honorary President; Dr. J. Dellinger Barney, Boston, President; Dr. P. S. Pelouze, Philadelphia, Vice-President; Dr. A. L. Clark, Oklahoma City; Dr. Walter Clarke, New York; Dr. R. D. Herrold, Chicago; Dr. N. A. Nelson, Boston; Dr. Oscar F. Cox, Jr., Boston, Secretary-Treasurer.

The society plans to carry out the following program:

A. The scrutiny of the management of gonorrhea in both male and female.

B. Clinical and laboratory research in the diagnosis, medical and social pathology, and the treatment of gonorrhea.

C. Dissemination among the medical profession and the public of authoritative information concerning gonorrhea.

Membership is limited to:

A. Residents of the United States or its territories, Canada or Mexico.

B. Graduates of a medical school recognized by the American Medical Association.

C. Those who are engaged in some phase of the management of gonorrhea.

Invitation to membership is extended to all qualified physicians who desire to work for

improvement in the management of gonorrhea. Application blanks can be obtained from the undersigned.

OSCAR F. COX, JR., M. D., Secretary.
475 Commonwealth Ave.
Boston, Mass.

Propaganda for Reform

Dihydroxy-Anthranol (Anthralin). — The Council on Pharmacy and Chemistry authorized publication of a preliminary report on dihydroxy-anthranol, submitted by the Abbott Laboratories, which has been employed as a substitute for chrysarobin in the treatment of various skin disorders. The Council voted to accept the name Anthralin as a non-proprietary designation for dihydroxy-anthranol. Anthralin is practically insoluble in water but readily soluble in the more complex organic and lipid solvents—a feature of distinct advantage in the preparation of ointments, lotions and pastes. Studies of the effect of the drug in psoriasis, pityriasis rosea, seborrheic dermatitis and mycotic skin infections have been quite extensive. European observers have been particularly exhaustive in their observations in psoriasis. Beerman, Kulchar, Pillsbury and Stokes (*Jour. A. M. A.*, Jan. 5, 1935, p. 26) report on the use of the drug in fifty resistant cases of psoriasis of from five to twenty years' duration. Of all these cases only two had been completely cleared by various combinations of other modes of therapy. The use and effectiveness of Anthralin in disease of the scalp is particularly significant, since chrysarobin, by reason of its conjunctival irritation, cannot be so employed. Although the Council appreciates the vast foreign work that has accumulated regarding dihydroxy-anthranol, it has deferred consideration of Anthralin until such time as more adequate investigations of the nature, properties and pharmacologic and toxic actions of the drug shall have been reported. (*Jour. A. M. A.*, January 5, 1935, p. 48).

Cevitamic Acid and the Brand Cebione-Merck.—The Council on Pharmacy and Chemistry reports that under the name "Ascorbic Acid," Merck & Co., Inc., presented for the Council's consideration its preparation of the crystalline vitamin C isolated by Szent-

Gyorgyi. By reason of its rules against therapeutically suggestive names, the Council could not recognize the name "Ascorbic Acid," but voted to recognize the name "Cebione" for the firm's product if it could prove its right to a proprietary name. Meanwhile the Council adopted the term "Cevitamic Acid" as a non-proprietary designation for crystalline vitamin C. Merck & Co., Inc., then presented written permission from Szent-Gyorgyi for the use of its proprietary name "Cebione," and the Council voted to recognize this as the proprietary name for the Merck brand of cevitic acid in recognition of the discoverer and of the service of the firm in making the product available for therapeutic use. The Council feels strongly that investigators in naming newly discovered medicinal substances should bear in mind the fundamentally sound objections to the use of therapeutically suggestive names. (*Jour. A. M. A.*, January 12, 1935, p. 121).

Claims for Anayodin.—A circular letter from Ernst Bischoff Company on Anayodin contains the following statement: "Anayodin comes nearest to being the ideal amebicide. It safely rids the intestinal tract of amoebae, usually with a single treatment of four pills three times a day for eight days." The statement is far too optimistic. There is no known amebicide that can be depended on to eradicate *Endamoeba histolytica* from the intestinal tract with a single course lasting eight days. Such propaganda is exceedingly unfortunate. Anayodin is a proprietary name for chiniofon-N. N. R. The Council on Pharmacy and Chemistry has considered Anayodin and found it unacceptable for New and Non-official Remedies. The Council has accepted the following brands of chiniofon: Chiniofon-Searle and Chiniofon-Winthrop. (*Jour. A. M. A.*, Jan. 12, 1935, p. 139).

VegeMucene Not Acceptable for N. R. R.—The Council on Pharmacy and Chemistry reports that workers at the Michael Reese Hospital have recently reported seventeen cases of proved gastric or duo-denal ulcer relieved, symptomatically, following the administration of a mucilaginous plant substance (in contradistinction to gastric mucin) (*Illinois M. J.*, October, 1933). The material used in this

work consists of powdered dehydrated okra, now marketed under the name of VegeMucene by BioVegetin Products Incorporated, which presented the product to the Council for consideration. The clinical studies made of the product, thus far, are so inadequate as to preclude any possibility of arriving at a fair estimate of the therapeutic value of the substance. The name is objectionable, as it implies that the substance is mucinous or mucoid in character, yet it is not a true mucin as the term is ordinarily employed; it resembles mucin in physical properties only. Notwithstanding the very limited studies thus far reported, the firm states in one of its advertising brochures that: "Extensive clinical tests have shown VegeMucene to be extremely effective in the treatment of patients suffering from peptic and duodenal ulcer." It is pointed out that these patients were maintained on a modified ulcer diet which of itself undoubtedly would have effected a significant improvement in the majority of cases. The Council has been informed that the board of directors of BioVegetin Products, Inc., has taken formal action endorsing lay promotion of VegeMucene. Thus the preparation has been thrust definitely into that vast realm of "ulcer cures" so elaborately exploited to the general public. The Council declared VegeMucene not accepted for New and Non-official Remedies, because it is an unoriginal preparation of powdered okra, marketed under a non-informative and misleading proprietary name, and promoted with exaggerated and unwarranted therapeutic claims to the profession and to the public. (*Jour. A. M. A.*, January 26, 1935, p. 316).

Min-amin.—The Bureau of Investigation reports that during the past few months a large number of inquiries have been received asking for information on a preparation for the treatment of obesity known as "Min-amin." The only information regarding the composition of Min-amin that appears on the trade package is the vague statement that it is "a combination of pure food concentrates containing minerals and vitamins." The product is manufactured by the National Institute of Nutrition, Los Angeles, and is recom-

mended for the treatment of obesity by Dr. William Brady, whose syndicated health columns appear in a number of papers throughout the country. Dr. Brady propounds the thesis that much good, wholesome food is deficient in vitamins and minerals, and that the obese eat more food than their bodies require because of an unsatisfied hunger allegedly due to the fact that they are getting insufficient vitamins and minerals. He recommends the use of Min-amin and says: "With Min-amin, which is a concentrate of the essential minerals and vitamins in the proper proportion this deficiency of every day diet is corrected...." One original specimen of Min-amin was examined in the A. M. A. Chemical Laboratory and found to consist essentially of a relatively pure sample of wheat germ. Essentially, the directions are for the obese to eat no breakfast and no luncheon, but to take instead of each of these meals a rounded teaspoonful of Min-amin in an eight-ounce glass of freshly-made unstrained orange juice. For dinner, or the evening meal, they must eat no breadstuffs, no potatoes, no fats, no sweets, and if a salad is used, it should be made with mineral oil. The obese are told that this regimen does not constitute "self-denial!" No definite statements are made regarding which vitamins are present in Min-amin, nor is there any hint, either in terms of recognized vitamin units or otherwise, as to *how much* of each vitamin may be present! Wheat germ is rich in vitamin B. On the Min-amin theory, then, one would be led to expect that the obese had an unsatisfied hunger because of lack of vitamin B in their normal diet. The facts are, however, that it is rather generally held that lack of vitamin B in the diet definitely causes a *loss* of appetite instead of an *increase* of appetite. (*Jour. A. M. A.*, January 26, 1935, p. 335).

BOOK REVIEWS

The Autonomic Diseases, or the Rheumatic Syndrome. By T. M. Rivers, M. D. Pp. 299. Cloth. Price, \$3.00. Philadelphia: Dorrance and Company, 1934.

This is an exceedingly well-written book, scientifically accurate, the subject matter timely, in that so much is at present being written on all phases of it, and the conclu-

sions arrived at remarkable and clearly set forth.

Whether we agree or not with some of the premises, the author has endeavored to lay a broad basis for the better understanding of various diseases which he has grouped under the heading "autonomic syndrome." These are those which have in common characteristics of disorders of organs supplied by the cranio-sacral group of sympathetic nerve fibers. These include rheumatoid arthritis, hypotension, the common cold, hay fever, etc., and are all subjected as to etiology to some allergen which in many cases is chemically related to or actually is an amine.

One new conception is that rheumatoid arthritis begins in childhood and only manifests itself typically in adult life. He sees a common factor in rachitis in childhood and hopes that anti-rachitic therapy will decrease the incidence of arthritis in adult life.

All in all the book is well worth reading. It is not too technical for the intelligent layman nor too simple for the average physician to obtain at least a broader point of view concerning many common disorders.

Human Anatomy: Double Dissection Method. By Dudley J. Morton, M. D., Associate Professor of Anatomy, Columbia University. Two vols. pp. 560: illustrated. Cloth. Price \$6.00. New York: Columbia University Press, 1934.

Dr. Morton's two volumes represent his new system of teaching anatomy so that the student may get a comprehensive idea of the subject in one year of about 360 hours. Two dissections are done, the first covering only the larger structures and giving a bird's eye view of the whole body. The second dissection covers the finer morphology, and requires no additional endeavors. We are impressed with the system, and have no doubt it will find wide acceptance. An otherwise grinding subject is made popular with the students, who have done exceptionally well before the state boards.

The Crippled and the Disabled. By Henry H. Kessler, M. D. Pp. 337. Cloth. Price, \$4.00. New York: Columbia University Press, 1935.

This work is a detailed study of the physically handicapped and the problems involved in their care and rehabilitation. The present legal provisions are evaluated and suggestions made for more adequate and uniform legis-

lation. The book is a veritable store-house of information on the subject, and the author's viewpoint strikes us as eminently fair—the work is, in fact, an exposition rather than an argument. It can be recommended heartily as a source-book.

How to Practice Medicine. By Henry W. Kemp, M. D. Pp. 156. Cloth. Price, \$3.00. New York: Paul B. Hoeber, Inc., 1935.

This manual of advice to graduates beginning to practice covers the territory all the way from equipping and opening an office to geriatrics. The advice generally is good, even if a bit soquatic in spots. Our most serious objection is to the author's contumely (Chapter VIII) of the medical society that permits its members to read papers before it. The style is entertaining.

Hughes' Practice of Medicine, 15th Edition. Edited by Burgess Gordon, M. D., Associate Professor of Medicine, Jefferson Medical College. Pp. 808, with 61 illustrations. Fabrikoid. Price, \$5.00. Philadelphia: P. Blakiston's Son and Company, 1935.

This popular hand book has been extensively revised and completely reset. Many new subjects have been added, and all of the recent advances have been included. The new edition fully deserves the immense popularity accorded its predecessors.

Sculpture in the Living. By Jacques M. Maliniak, M. D., formerly Major, Reconstruction Hospitals, Allied Armies. Pp. 203, with 70 illustrations. Cloth. Price, \$3.00. New York: Lancet Press, 1934.

Dr. Maliniak's large experience in plastic surgery justifies his literary excursion. The procedures outlined are orthodox, the technique is made adequately clear and the excellent illustrations complete the presentation. The concluding chapter on the Legal and Illegal aspects is a splendid commentary on the dignified field of plastic surgery as opposed to the so-called art of the beauticians. This is one of the better books on this subject.

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(Continued on Page viii)

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—Proc. Soc. Exp. Biol. and Med., 1934,
32, 241-245.



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(Continued from Page 40)

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The business was established in 1785, antedating the Constitution of the United States by four years. Since then it has been in continuous operation in the same family, one of the members of the present firm being a great-great-grandson of Mathew Carey, the founder.

Carey came to Philadelphia from Dublin in November, 1784. It happened that Lafayette, who had known him in Paris, was visiting Washington at Mount Vernon at the time and was returning to Princeton. Hearing of Carey's arrival, he stopped off in Philadelphia to see him and the next day Carey unexpectedly received his check for \$400, a benefaction with which he at once established himself in the publishing business. When Lafayette returned to America on his next visit, Carey had the satisfaction of returning this sum.

In the early days the firm gave its attention to general literature, and among its important publications were the Bible in quarto, both the Douay translation and the Authorized Version, which, for a considerable period, were the only quarto Bibles of American manufacture in the market; Weems' biographies of Washington and Marion, Jefferson's "Notes on Virginia," Bonaparte's "American Ornithology," and (in this country) the Waverley Novels, and the works of Dickens; also the works of Washington Irving, the novels of James Fenimore Cooper, the "Encyclopedia Americana" and other famous books.

Later it began specializing in Medicine and has continued in this field to this day. Since 1859 it has been the publisher in America for Gray's Anatomy, the most famous work in all medical literature, and the one which has been termed "The Bible of Medicine." It is also of interest to note that it publishes The American Journal of the Medical Sciences, now in its one hundred and fifteenth year of continuous publication, having been established in 1820 as the Philadelphia Journal of the Medical and Physical Sciences, the first editor being Dr. Nathaniel Chapman, who was also, in 1847, the first president of the American Medical Association. With a single English exception, this is the oldest medical periodical in the language. Among the distinguished physicians who in past years have contributed works recognized as classics in their field are Wistar, Coxe, Horner, Gibson, Dewees, Dunglison, Meigs, Hodge, Leidy, Dalton, Stille, Gross, Flint, Pepper, Osler, Adami, Brewer, Starr, Musser, Hyde, Hare, Stimson, Cushny. The list of present-day publications contains the names of many equally well-known living authors.

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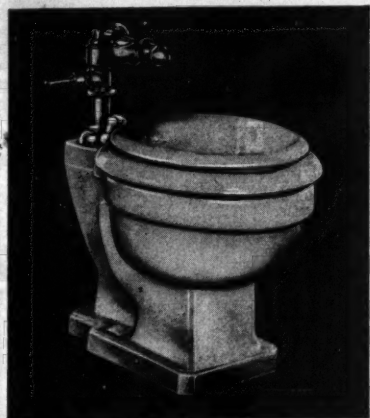
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